DURABLE MEDICAL EQUIPMENT BULLETIN
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FEE INCREASES

The 90th General Assembly approved funding for Medicaid fee increases for the Durable Medical Equipment (DME) program. Effective for dates of service July 1, 1999, and thereafter, the Medicaid maximum allowed amount was increased for the following procedure codes:

HCPCS CODE	DESCRIPTION	TYPE OF SERVICE	MEDICAID MAXIMUM ALLOWED AMOUNT
E0450	Volume ventilator	T	$825.00 per month
E0450-52	Back up ventilator	T	$412.50 per month
Z0150	Labor	Ø	$27.00 per hour
Z0020	Nebulizer kit	A	$2.25 each
L0430	With interface material custom fitted	A	$950.00
L0500	Lumbar-sacral-orthosis (LSO), flexible, (lumbo-sacral surgical support)	A	$100.00
L1832	Adjustable knee joints, positional orthosis, rigid support	A	$425.00
L1930	Plastic	A	$190.00
L1960	Posterior solid ankle, molded to patient model, plastic	A	$390.00
L1970	Plastic molded to patient, with ankle joint	A	$490.00
L2036	Full plastic, double upright, free knee, molded to patient model	A	$1,300.00
L2270	Varus/valgus correction (“T”) strap, padded/lined or malleolus pad	A	$37.00
L2275	Varus/valgus correction, plastic modification, padded/lined	A	$112.00

L2280	Molded inner boot	A	$315.00
L2340	Pre-tibial shell, molded to patient model	A	$300.00
L2405	Addition to knee joint; drop lock, each joint	A	$35.00
L2780	Non-corrosive finish, per bar	A	$45.00
L2820	Soft interface for molded plastic, below knee section	A	$60.00
L3216	Depth inlay	A	$95.00
L3221	Depth inlay	A	$95.00
L5300	Below knee, molded socket, SACH foot, endoskeletal system, including soft cover and finishing	A	$2,400.00
L5620	Below knee	A	$210.00
L5629	Addition to lower extremity, below knee, acrylic socket	A	$235.00
L5637	Addition to lower extremity, below knee; total contract	A	$215.00
L5667	Below knee/above knee, socket insert, suction suspension, with locking mechanism	A	$1,500.00
L5910	Below, knew, alignable system	A	$250.00

The maximum allowed reimbursement amount for ostomy supplies has been increased from cost plus 25% to cost plus 35% effective for dates of service July 1, 1999, and thereafter. The ostomy supply codes that will receive this increase are: A4361-A4364, A4367, A4368, A4397-A4399, A4402, A4404, A4421, A5051-A5055, A5061-A5065, A5071-A5075, A5081, A5082, A5093, A5102, A5112- A5114, A5119, A5121-A5123, A5126.

Claims for dates of service July 1, 1999, and after, which processed and paid at the previous allowed amount will be adjusted to pay the new allowed amount if the billed charge was greater than the new maximum allowed amount.

REMOVAL OF PRIOR AUTHORIZATION REQUIREMENT FROM HOME PARENTERAL NUTRITION

Effective for dates of service December 1, 1999, and thereafter, Home Parenteral Nutrition (HPN) will no longer require Prior Authorization. However, the form Medical Necessity Long-term Parenteral Nutrition is required to be attached to each claim submitted for payment.

HOME PARENTERAL NUTRITION AND VOLUME VENTILATORS FOR RECIPIENTS IN A NURSING HOME

Coverage of HPN and volume ventilators for recipients in a nursing home will be transferred to the regular DME program. Effective for dates of service December 1, 1999, and thereafter, providers will no longer access these items through the Exception Process program. All Exception Process approvals will be closed effective November 30, 1999. Back-up ventilators (E0450-52) will not be approved for recipients in a nursing home.

MEDICARE DENIAL

A Medicare denial is not required for submitting a Medicaid claim for those recipients who have Medicare and Medicaid coverage for the following items:

Volume Ventilators	E0450 (for recipients in a nursing home)
Alcohol wipes	Y9095 (for diabetic recipients)
Urine Test Strips	A4250 (for diabetic recipients)

DIABETIC PROCEDURE CODES

Prior authorization is required for the following diabetic procedure codes. An invoice of cost showing the provider's cost for the item must be attached to the Prior Authorization Request form.

Y0018	Count A Dose
Y0019	Magna Guide
Y0020	Sure Drop

Y0021	Not otherwise specified Diabetic Equipment/Supplies

LIQUID OXYGEN

Effective for dates of service December 1, 1999, and thereafter, liquid oxygen E0442, E0444, E0435 and E0440 will no longer be covered unless one (1) of the following criteria is met:

1. A physician prescribed resting oxygen flowrate greater than four (4) liters per minute; or
2. Documentation from the patient's physician that identifies activities that require the patient to utilize greater than 1,440 liters of portable oxygen per week. These activities should be those that require the patient to be greater than fifty (50) feet away from their base oxygen; or
3. Pediatric patients with a medical need for a precision flowrate that is less than two (2) liters per minute.

Claims submitted without the above stated justification on the Oxygen and Respiratory Equipment Medical Justification (OREMJ) form will be denied.

COMPRESSED GAS TANKS

Compressed gas oxygen will be limited to 10E or 15D tanks per month. If additional tanks are needed a written explanation from the patient's physician explaining the need for more mobility must be submitted with the claim and OREMJ form.

MC+ HEALTH PLANS

MC+ Health Plans provide durable medical equipment items as a benefit to their enrollees. Providers should contact the health plan for their program policies. The information contained in this bulletin refers to services provided on a fee-for-service basis.